San 1632

PTO/SB/21 (08-03)

|   |  |                                      |                      |   | <u> </u>  |  |  |  |  |
|---|--|--------------------------------------|----------------------|---|---|--|--|--|--|
| TRANSMITTAL FORM be used for all correspondence after initial filing) |  |                                      | Application Number   |   | 09/724,965  |  |  |  |  |
|   |  |                                      | Filing Date          |   | November 28, 2000   |  |  |  |  |
|   |  |                                      | First Named Inventor |   | Nils Lonberg  |  |  |  |  |
|   |  |                                      | Art Unit             |   | 1632  |  |  |  |  |
|   |  |                                      | Examiner Name        |   | Anne Marie Sabrina Wehbe  |  |  |  |  |
| Total Number of Pages in This Submission                              |  |                                      | Attorn               | ey Docket Number  | 014643-009031US   |  |  |  |  |
|   |  | ENC                                  | LOSURE               | S (Check all that appl  | (y)   |  |  |  |  |
| Fee Transmittal   | Fee Transmittal Form Dra                                       |                                      |                      |   | After Allowance Communication to Group  |  |  |  |  |
| Fee Attach  | Fee Attached   |                                      |                      | ed Papers   | Appeal Communication to Board of Appeals and Interferences  |  |  |  |  |
| Amendment/Rep   | Petition   |                                      |                      | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |   |  |  |  |  |
| After Final   | Petition to Convert to a Provisional Application               |                                      |                      | Proprietary Information   |   |  |  |  |  |
| Affidavits/d  | Power of Attorney, Revocation Change of Correspondence Address |                                      |                      | Status Letter   |   |  |  |  |  |
| Extension of Time Request   |  | Termin                               | Terminal Disclaimer  |   | Other Enclosure(s) (please identify below):   |  |  |  |  |
|   |  | est for Refund                       |                      | Return Postcard   |   |  |  |  |  |
| Express Abando  | onment Request   | CD, Nu                               | D, Number of CD(s)   |   | Request for Withdrawal as Attorney or Agent   |  |  |  |  |
| ☐ Information Disc  | ☐ Information Disclosure Statement                             |                                      |                      |   |   |  |  |  |  |
| Certified Copy of Priority Document(s)                                |  | The Commissioner is Account 20-1430. |                      |   | authorized to charge any additional fees to Deposit   |  |  |  |  |
| Response to Missing Parts/ Incomplete Application                     |  |                                      |                      |   |   |  |  |  |  |
|   | Response to Missing Parts under 37 CFR 1.52 or 1.53            |                                      |                      |   |   |  |  |  |  |
| <u> </u>  | SIGI   | NATURE O                             | F APPL               | ICANT, ATTORNEY,  | , OR AGENT  |  |  |  |  |
| Firm<br>or  |  | Townsend and Townsend and Crew LLP   |                      |   |   |  |  |  |  |
| Individual  | Joe Liebeschue   | z<br>~                               |                      | Reg. No. 37,505   |   |  |  |  |  |
| Signature   | J. hulu  | uslos L                              |                      |   |   |  |  |  |  |
| Date  | SIII / WO4   |                                      |                      |   |   |  |  |  |  |
|   |  | CERTIFIC                             | ATE OF               | TRANSMISSION/M  | AILING  |  |  |  |  |
| I hereby certify that this co<br>as first class mail in an en         | orrespondence is being velope addressed to: Co                 | facsimile trans                      | mitted to to         | he USPTO or deposited wit<br>, P.O. Box 1450, Alexandria          | th the United States Postal Service with sufficient postage a, VA 22313-1450 on the date shown below. |  |  |  |  |
| Typed or printed nam  | e Edward Mas   |                                      |                      |   |   |  |  |  |  |
| Signature Sky   |  | ard                                  | Ma                   | Mar All A   | Date 5-11-04  |  |  |  |  |

PTO/SB/83 (01-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Under the Pass work Reduction Acro 1995, no persons are

## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

| Application Number     | 09/724,965               |  |  |  |  |
|------------------------|--------------------------|--|--|--|--|
| Filing Date            | 11/28/2000               |  |  |  |  |
| First Named Inventor   | Nils Loneberg            |  |  |  |  |
| Art Unit               | 1632                     |  |  |  |  |
| Examiner Name          | Anne Marie Sabrina Wehbe |  |  |  |  |
| Attorney Docket Number | 014643-009031US          |  |  |  |  |

| To: Commissioner fo<br>Washington, DC                                       |  |            |                       |            |         |  |  |  |  |
|---|--|------------|-----------------------|------------|---------|--|--|--|--|
| I hereby apply to withd   | raw as attorney or agent for the above         | identified | d patent application. |            |         |  |  |  |  |
| The reasons for this re   | quest are: At the request of the client.       |            |                       |            |         |  |  |  |  |
|   |  |            |                       |            |         |  |  |  |  |
|   |  |            |                       |            |         |  |  |  |  |
|   |  |            |                       |            |         |  |  |  |  |
|   |  |            |                       |            |         |  |  |  |  |
| 1.  The corresponde   | nce address is NOT affected by this w          | ithdṛawal  | •                     |            |         |  |  |  |  |
| 2. 🛛 Change the cor   | respondence address and direct all             | future co  | errespondence to:     |            |         |  |  |  |  |
|   | CORRESPONDENCE                                 | ADDRES     | Flace Ci              | ustomer l  |         |  |  |  |  |
| Customer Number   |  |            | Bar Cod               | le Label h | ere     |  |  |  |  |
| OR  |  |            | <u> </u>              |            |         |  |  |  |  |
| Firm <i>or</i> Individual Name  |  |            |                       |            |         |  |  |  |  |
| Address   | Dorsey & Whitney, LLP                          |            |                       |            |         |  |  |  |  |
| Address   | Four Embarcadero Center, Suite 3400            |            |                       |            |         |  |  |  |  |
| City  | San Francisco                                  | State      | CA                    | ZIP        | 94111   |  |  |  |  |
| Country   | U.S.A.   | 1.85       |                       |            |         |  |  |  |  |
| Telephone   | 415-781-1989                                   | Fax        | 415-398-3249          |            |         |  |  |  |  |
| This request is made  | de on behalf of myself and                     |            |                       |            |         |  |  |  |  |
|   | ys/agents of record.                           |            |                       |            |         |  |  |  |  |
|   | agents (with registration numbers) liste       |            |                       |            |         |  |  |  |  |
| tne attorneys   | /agents associated with Customer I             | vumber     | 20350                 |            |         |  |  |  |  |
| This request is enclosed in tr  | plicate (including any attachments).           | ů.         |                       |            |         |  |  |  |  |
| Name Joe Liebeschuetz, Reg. No. 37,505, Townsend and Townsend and Crew, LLP |  |            |                       |            |         |  |  |  |  |
| Signature the   | listed L                                       |            |                       |            |         |  |  |  |  |
| Date 5/1  | 1 1204   |            |                       |            |         |  |  |  |  |
|   | nen approved rather than when received. Unless |            |                       |            | hdrawal |  |  |  |  |

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.